

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29003**

BIRTH NO. _____		REG. DIST. NO. 3069		PRIMARY REG. DIST. NO. 3069		Registrar's No. 3082	
1. PLACE OF DEATH a. COUNTY St. Louis 4005				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland 422X			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				d. STREET ADDRESS (If rural, give location) 9326-Latrobe Avenue			
3. NAME OF DECEASED (Type or Print) Mona		a. (First) Joy		b. (Middle) Doxey		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1951							
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 5, 1932	9. AGE (In years last birthday) 18	10. MONTHS 11	11. DAYS 11	12. IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School girl		10b. KIND OF BUSINESS OR INDUSTRY High School		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank E. Doxey		13b. MOTHER'S MAIDEN NAME Juanita Williams		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Frank Doxey ADDRESS 9326-Latrobe Ave Overland, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple Myelomas DUE TO (c) Rheumatic Fev II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4011				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 4, 1951 to Sept 4, 1951 that I last saw the deceased alive on Sept 4, 1951 and that death occurred at 2:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Thomas M. H. H. (Degree or title)		23b. ADDRESS 4161 Laurel		23c. DATE SIGNED 9/7/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-7-1951		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) Wellston, Mo.	
DATE REC'D BY LOCAL REG. 9-7-51		REGISTRAR'S SIGNATURE Robert P. Somke		25. FUNERAL DIRECTOR'S SIGNATURE Blumhardt Bros. Inc. ADDRESS 2504-Woodson Rd-Overland, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

WR. V. R. L. H. H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 345-4

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No. 345-4

P. O. Address Burland 14, 77

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.